



## Behaviour Advice for Non-Veterinary Animal Professionals

### Professional's Details

Your Name:

Company Name:

Your Profession:

- Animal Behaviourist
- Clinical Animal Behaviourist (CAB or CCAB)
- Trainer
- Shelter Staff
- Student
- Other

Contact Address:

Email:

Contact No:

### Patient Details

Animal Name:

Breed:

DOB/Age:

Weight (kg):

Gender:

Neutered Status:

Brief history/description of problem:

To your knowledge, could there be any medical reason for this behaviour?

Provide a summary of what you believe is the cause and solution to the behaviour:

[www.donovanvetbehaviour.com](http://www.donovanvetbehaviour.com) | [info@donovanvetbehaviour.com](mailto:info@donovanvetbehaviour.com)  
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DVBP team accreditations and memberships:





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Describe any methods or techniques used so far:

The consultation will be with a DVBP Clinical Animal Behaviourist. Our experienced clinical animal behaviourists work with our in-house veterinary behaviourists on each of their cases. If you think the consultation would be more suitable to be with a DVBP Veterinary Behaviourist, please state why here:

Is the owner aware you are contacting DVBP for a consultation? YES / NO

Will the owner be attending the consultation? YES / NO

### Owner's Details

Owner's Name:

Owner's Email:

If anyone else will be attending the consultation please state their name, relationship to the animal and their contact email:

Is the animal insured? YES / NO

Has euthanasia been considered? YES / NO



## Behaviour Advice for Non-Veterinary Animal Professionals

### Vet Details

Vet Practice:

Contact email/phone:

Permission has been given by the animal's vet to discuss this case.

- Permission gained

Any advice and recommendations provided by Donovan Veterinary Behaviour Practice for this animal are based on the information provided in advance of and during the consultation and apply only to the animal being discussed.

- I have read and understood

Our experienced clinical animal behaviourists work with our in-house veterinary behaviourists on each of their cases. If deemed necessary, this case may be discussed with our in-house internal medicine specialist.

- I have read and understood

Do you agree to the [Terms and Conditions](https://donovanvetbehaviour.com/terms-conditions/)? (<https://donovanvetbehaviour.com/terms-conditions/>)

- I have read and agree to the Terms and Conditions

Thank you for taking the time to complete this form.

Send the completed form along with the animal's case information, timeline, full clinical history including any test results, referral reports, etc. to: [info@donovanvetbehaviour.com](mailto:info@donovanvetbehaviour.com)

Please add [info@donovanvetbehaviour.com](mailto:info@donovanvetbehaviour.com) to your safe senders list or check your spam/junk folder in case our response is filtered there in error.

On receipt of your questionnaire, we will contact you regarding payment and any additional information required.